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ABSTRACT

Alcohol abuse has become the number one drug problem in the United States. In 1973 the California State Board of Education adopted guidelines for drug education programs in schools, and those guidelines can also be used with alcohol education programs. This document provides criteria by which individual schools, school districts, and communities can assess their alcohol education programs, and measure them against the California guidelines. (Author/PC)

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Criteria for Assessing Alcohol Education Programs

CALIFORNIA STATE DEPARTMENT OF EDUCATION
Wilson Riles, Superintendent of Public Instruction
Sacramento, 1976

CG 012563

Criteria for Assessing Alcohol Education Programs

Prepared by the
School Health Program Component
Alcohol Education Project
California State Department of Education

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Foreword

Alcohol abuse has become our number one drug problem in California and in the rest of the nation. Ten years ago we had an estimated 2 million alcoholics in the United States. Today the estimated figure is 9 to 12 million. And unfortunately the problems associated with alcoholism affect not only the lives of the problem drinkers but also the lives of their families. In fact, it has been estimated that alcohol related problems affect almost 40 million people in our country.

Alcoholism among teenagers continues to increase. Surveys conducted at national and local levels indicate that as many as half of our high school students have been experimental, recreational, circumstantial, or compulsive users of alcohol. One such survey conducted in San Mateo County revealed the following:

- The use of alcohol by boys in grade twelve increased from 76.5 percent in 1968 to 87.1 percent in 1976.
- The use of alcohol ten or more times by boys in grade twelve during their junior year increased from 41.6 percent in 1968 to 64.1 percent in 1976.
- The use of alcohol 50 or more times by boys in grade twelve increased from 27 percent in 1970 to 37.6 percent in 1976. The rates of increase for girls were very similar to those of the boys.

If our efforts in preventing alcohol abuse are to be effective on a large scale, we must involve all segments of society in those efforts: families, schools, churches, the business community, and others. The coordination and evaluation of information among such groups are critical if we hope to solve the problem. However, the level of uncertainty about what to do is great.

In view of such uncertainty, the school and the community must agree on specific criteria for establishing and evaluating programs that will help them solve the problems associated with alcohol abuse. In 1973 the California State Board of Education adopted guidelines for drug education programs in the schools, and those guidelines can also be used with alcohol education programs.

A group of California educators has also developed a set of criteria that schools, school districts, and communities can use in evaluating their existing or planned alcohol abuse programs. The criteria, which are presented in this publication, are designed for schools and communities to use in assessing both the strengths and weaknesses of their alcohol abuse programs. It is my sincere hope that you find these criteria useful in developing meaningful and effective programs that will help us combat the problems associated with alcohol and drug abuse. Our success in this effort is absolutely essential.

Wilson Riles

Superintendent of Public Instruction

Preface

The criteria for alcohol education programs presented in this publication are the result of two conferences that were held on the prevention of alcohol misuse in 1974. The first conference was called by the California State Department of Education and was attended by representatives from selected California counties. The second conference was sponsored by the Education Commission of the States and was attended by representatives of state departments of education, state alcohol agencies, youth organizations, the juvenile justice system, school boards, and communities-at-large from 12 western states and Guam.

The materials developed at the conferences were subsequently submitted to a working committee that was impaneled by the California State Department of Education. This committee of experts on alcohol education studied all of the information and then determined criteria for use in assessing alcohol education programs. Members of the working committee included William M. Alkire, Folsom-Cordova Unified School District; Gus T. Dalis, Office of the Los Angeles County Superintendent of Schools; Orle Jackson, Office of the Alameda County Superintendent of Schools; Charles Matus, Sacramento City Unified School District; David Middleholtz, San Diego City Unified School District; John Palmer, Santa Clara County Health Department; and Russell Purcey, Alhambra City School District.

James S. Lindberg and Donald J. Peterson, Consultants, School Health Program Component, California State Department of Education, assisted with the arrangements for the two conferences and worked with the committee in the preparation of the criteria for publication.

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Introduction

The criteria provided in this document have been prepared for use by individual schools, school districts, and communities as a tool for assessing their alcohol education programs. Section 8503 of the California Education Code states that the study of the effects of alcohol should be a part of the adopted course of study at both the elementary and secondary grade levels. In addition, Section 8503 recommends that the program be designed to fit the needs of the pupils for which the program is intended.

Criteria Organization

The criteria are organized into three sections: Preliminary Planning; Program Planning, Implementation, and Operation; and Program Evaluation. The criteria are expressed in terms of desirable practices and are listed in the left-hand column of the criteria check sheet. The evaluation of each criterion should be made by a representative group, including teachers, parents, students, community representatives, and other appropriate persons.

Criteria Check Sheet

The criteria check sheet has a three-point scale for use in judging the degree each criterion is met: *completely*, *to some degree*, and *not at all*. If the criterion is not met, or if it is met only to some degree, the changes needed should be entered in the appropriate spaces. After the criteria check sheet has been completed, the suggested action planning (Appendix A) should be used to design specific steps for carrying out the intent of the criteria. Care should be taken to make recommendations that will not have an adverse effect on the provisions or practices already judged excellent or that are already being carried out. The following steps are recommended for structuring the evaluation process:

1. Make a thorough study of the principles, criteria, and process provided for making the desired evaluation.
2. Determine whether the existing or planned program meets each of the criterion provided.
3. Specify needs in the space provided if the criterion is not met completely.
4. From the list of needs, determine how the needed actions can be accomplished by using the suggested action planning.
5. Establish priorities for accomplishing the actions.
6. Submit recommendations to the administration or other appropriate body for approval and action.

Preliminary Planning

Preliminary planning is needed as a basis for defining and delimiting any comprehensive prevention program. This planning should be designed so that it can be used to determine the particular needs of a local community. Two-way communication can be accomplished among the members of the community by using an interdisciplinary group in coordinating the planning.

Criteria	Degree criterion is met			Needs
	Completely	To some degree	Not at all	
1. Community members, parents, educators, and authorities in the field of alcohol abuse are represented on the committee.				
2. Provision is made to gain consultant input from educators, people working in the field of alcohol abuse, and other interested people, as deemed necessary.				
3. Sources of funding for the program are identified.				
4. Community resources that can be used to deal with the problem are identified.				
5. Roles and responsibilities between school personnel and professional and private members of the community are delineated.				

Program Planning, Implementation, and Operation

The effective implementation of comprehensive programs that focus on the prevention of alcohol abuse and other related daily living problems is viewed as an urgent and immediate problem. Alcohol education should extend beyond the limited involvement of the formal education system and should include the family, the community, the church, and so forth.

Criteria	Degree criterion is met			Needs
	Completely	To some degree	Not at all	
Objectives				
1. Philosophy and direction of the program are defined and are consistent with the *Guidelines for School Drug Education Programs* adopted by the California State Board of Education, May 10, 1973 (Appendix B).				
2. Program provides for periodic assessment of community needs.				
3. Program has well-defined and measurable objectives.				
4. Objectives are related to the philosophy and identified needs.				
5. Objectives describe both long-term and short-term outcomes.				
6. Objectives provide for primary prevention.				

Criteria	Degree criterion is met			Needs
	Completely	To some degree	Not at all	
7. Objectives provide for early intervention.				
8. Program includes both cognitive and affective objectives.				
Scope and Content of Program				
1. Program is comprehensive and is articulated through the various age groups, including parents, in the district.				
2. Valid information is included.				
3. Valid information is appropriate to age group.				
4. Program explores the range of alcohol use from abstinence to abuse.				
5. Program emphasizes constructive alternatives to alcohol abuse.				
6. Program emphasizes that alcohol abuse is an individual, family, and community problem.				

Criteria	Degree criterion is met			Needs
	Completely	To some degree	Not at all	
7. Program emphasizes interrelationship between the use of alcohol and the use of other drug substances.				
8. Alcohol education is included as part of a comprehensive health education program. (See state *Framework for Health Instruction in California Public Schools, Kindergarten Through Grade Twelve*, 1970.)				
9. Alcohol education is integrated, where appropriate, into the total curriculum. (See state *Framework for Health Instruction in California Public Schools, Kindergarten Through Grade Twelve*, 1970.)				
10. Mechanisms for continuing support are built in at the outset of the program.				
11. Strategies for increasing public awareness of the problem of alcohol abuse and the dissemination of information about the program are included.				
Methodology 1. Program utilizes a variety of people with special skills and expertise.				
2. Program utilizes existing community resources.				
3. Only persons who can demonstrate competencies, as outlined in *Guidelines for School Drug Education Programs*, Teacher and Counselor Qualifications, Appendix B, are given responsibilities in the program.				

Criteria	Degree criterion is met			Needs
	Completely	To some degree	Not at all	
4. Program provides for a variety of teaching methods for meeting program planning, implementation, and operation objectives.				
5. Methodology takes into account cultural and ethnic values, customs, and practices reflected in the community served.				
6. Methodology takes into account environmental conditions that might lead to abuse of alcohol.				
Media and Materials				
1. Program provides for the effective use of up-to-date materials and media.				
2. Media and materials are acceptable to all intended populations.				
3. Media and materials are screened for validity and appropriateness.				
4. Media and materials are relevant to the objectives of the program.				
Training				
1. Alcohol education inservice training programs are conducted for teachers, counselors, community workers, and all other program staff.				

Criteria	Degree criterion is met			Needs
	Completely	To some degree	Not at all	
2. Alcohol education training is provided for selected members of the target group, students, and parents, preparing them to work with their peers.				
3. Training program provides staff members with information about alcohol abuse and helps them to deal with their own biases and to become more aware of their own values regarding the use of alcohol.				

Program Evaluation

Program evaluation is an important part of the overall approach to the prevention of the abuse of alcohol. The accomplishment of objectives is critical to public and governmental acceptance of not only that particular program but also other alcohol programs. The establishment of program credibility is conducive to the ongoing efforts of the prevention programs.

Criteria	Degree criterion is met			Needs
	Completely	To some degree	Not at all	
1. Program provides for process evaluation as well as outcome evaluation.				
2. Evaluation is conducted by an objective and unbiased person(s).				
3. Evaluation is conducted on an ongoing basis.				
4. Evaluation information is used to provide continuous feedback for operation and modification of program.				
5. Results of the program evaluation are interpreted and distributed to appropriate individuals, groups, and agencies on a regular basis.				
6. Evaluation findings are utilized to reassess needs and to modify the program.				

Appendix A
Action Planning

This appendix outlines procedures for planning, implementing, and evaluating alcohol education programs for the school and community. It is designed to be used in conjunction with the criteria provided in the preceding sections of this publication for assessing alcohol education programs.

Needs Statement

The purpose of the needs statement is to identify the "real" problem, which is defined as the need that is to be satisfied or the problem that is to be solved. This can also be expressed as the gap or discrepancy between the existing condition and the desired condition. The real problem is identified in a series of steps that are described in the following paragraphs.

Determining Problems

A group-solving technique called brainstorming should be used in step one to determine problems that are relevant to alcohol abuse in the school community. Someone should act as a recorder and list all the ideas or problems proposed by the group. The recorder should write large enough so that everyone in the group can read the problems.

The recorder should keep the group on course by reminding the members of the task at hand. Neither the recorder nor other persons in the group should be allowed to evaluate any of the ideas presented during the session; they will be evaluated at a later time. All ideas or problems should be recorded, whenever possible, in the exact words of the contributor.

Selecting and Ranking Problems

In step two the group should select and rank in order the three most urgent problems. This is the time when each of the suggested problems should be evaluated. It is important to evaluate only the problem and not the person who proposed the problem.

Defining Problems

Step three is designed to define more clearly the problems that are to be solved The problem along with its existing condition and the desired condition should be stated on worksheet 1.

Problem Background

In working toward the solution of a problem, it is sometimes helpful to have an understanding of the historical factors that contributed to the problem and to be aware of the existing conditions that make certain solutions impractical. This kind of knowledge will assist the group in selecting appropriate solution strategies.

For each of the problems selected by the group, the members should develop background information that will help others who have little knowledge of the school and community to better understand the problem. In writing the background information, the group may wish to include the following:

1. Information about the size of the community, its economy, and so forth
2. Past and present efforts to solve this or similar problems
3. Agencies and other resources available, such as people, facilities, and so forth
4. Community's attitude toward the problem
5. Other relevant information

Worksheet 2 should be used to list background information and to itemize resources available to the community.

Solution Strategies

After the problems have been determined, ranked, defined, and researched, some type of idea-generating session should be held for the purpose of preparing other solutions to the problems. The session should be characterized by creativity, spontaneity, and originality. The main barriers to this type of session are (1) rigidity, which keeps people from expressing unusual ideas; (2) premature evaluation, which also causes people to be wary of contributing their ideas; (3) too large of a group; (4) lack of experience; and (5) lack of familiarity with the problem.

Two basic methods can be used for generating ideas within a group: (1) brainstorming, which was used previously in determining the problem; and (2) free association, which allows every member of the group to express ideas with a minimum of threat.

Other Solution Strategies

The free association method should be used first to generate other solution strategies for the problems. Each problem should be written in the appropriate space provided on worksheet 3. Then, each individual should list as many possible solutions as he or she can. Group members should be encouraged to be as creative as possible.

After each group member has completed his or her list, a recorder should be appointed. The recorder should then call upon each member of the group to read one of his or her solutions. Each solution should be recorded. After each group member has given one solution, the recorder should offer them a second and third opportunity, and so forth, until all solutions have been recorded.

Data Gathering or Reality Testing

The next step in determining solution strategies is called data gathering or reality testing. In this step the participants evaluate the various solutions proposed by comparing the advantages and disadvantages of each solution. The main barriers to this step are (1) too "sweet" of an atmosphere, which prevents people from considering the obvious and painful realities; (2) lack of problem clarity; (3) lack of data; and (4) failure to state all implications of the solution so that they may be tested.

Any solutions that the group considers to be inappropriate should be eliminated. In addition, some of the proposed solutions may be combined. This should be done by reaching a consensus; voting is not appropriate.

When the group has generated a reasonable number of solutions, each of the most feasible solutions should be listed with its advantages and disadvantages. Next, each disadvantage should be examined to determine whether it can be overcome with a reasonable amount of effort. The disadvantages that can be overcome should be marked with a check.

Selecting Solutions

The last step is to select the most appropriate solutions. In the decision-making process, even though the long- and short-range consequences of the other solutions have been explored, the following items may be barriers to making a decision: (1) premature decisions; (2) inadequate reality testing; (3) feeling that the success of the process is determined by the number of problems solved; (4) voting that tends to separate minorities and leads to lack of commitment; and (5) feeling of time pressure, which may be real or unreal.

The group should reach a consensus on the solution(s) to the first problem. After this has been accomplished, each member of the group should write the problem on worksheet 4 and list the solutions that will be acted upon by the group. As time permits, the same procedure should be used for other problems.

Implementation Plan

After selecting the most appropriate solution(s), it is necessary to develop an implementation plan. This plan should be designed to answer the following questions:

1. What is to be done?
2. Who is it do it?
3. When is it to be completed?

The plan should be in the form of a list of specific tasks or steps that lead to the solution of the problem. Each task should be assigned to a group member and should have an anticipated completion date (worksheet 5).

Evaluation Strategy

To determine the degree to which the group accomplishes its goal or solves its problem, it is necessary to evaluate its efforts. In some instances success or failure will be quite obvious; in other instances success or failure may be more difficult to determine, in which case it might be necessary to devise a testing instrument or an interview process.

The group's task is to design some way to measure the effectiveness of its action plan. One method consists of describing on paper the possible ways of evaluating the effectiveness of the steps the group can take to solve the problem. This description should include specific steps to be taken in the evaluation process, assignment of dates, individual responsibilities, and materials needed.

Each member of the group should have a copy of worksheet 6 with the evaluation information entered in the appropriate spaces.

Worksheet 1

Problem Statement

Problem 1: _____

_____

_____

Existing Condition of Problem	Desired Condition of Problem

Problem 2: _____

_____

_____

Existing Condition of Problem	Desired Condition of Problem

Problem 3: _____

_____

_____

Existing Condition of Problem	Desired Condition of Problem

Worksheet 2

Background Information of the Problem

Background

Community size:_____ District size:_____

District financial resources:_____

_____

Community financial resources:_____

_____

Past efforts:_____

_____

Present efforts:_____

_____

Teacher attitude(s) toward problem:_____

_____

Administration attitude(s) toward problem:_____

_____

Community attitude(s) toward problem:_____

_____

Resources available

Agencies:_____

_____

Facilities:_____

_____

Organizations:_____

_____

Resources (cont'd)

People: _____

_____

Other relevant information:

Worksheet 3

Possible Solutions to the Problem

Problem: _____

_____

_____

Possible solutions: _____

_____

_____

_____

_____

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Worksheet 4

Solutions to the Problem

Problem: _____

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_____

Solutions: _____

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_____

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Worksheet 5

Implementation Plan for Solving Problem

Problem: _____

Tasks to be accomplished:	Responsible person(s):	Completion date:

Worksheet 6

Evaluation Procedure

Problem: _____

Evaluation procedure:	Responsible persons(s):	Completion date:

Appendix B
Guidelines for School Drug Education Programs

Adopted by the
California State Board of Education
May 10, 1973

Parents, educators, and community leaders are rightfully concerned over the adverse effects the misuse of drugs is having on the individual and society. In general, they have turned to education as one of the forces which may diminish this harmful behavior. The formal educational system is viewed by many as the primary mechanism for the delivery of drug education. The question which has been seriously raised as a result of the tremendous increase of the incidence of drug use among the school-age population in recent years is whether school-based drug education programs can effectively serve to deter initial drug experimentation and progressive involvement toward long-term drug use. The accomplishments of approaches traditionally employed by the schools appear to have had little effect upon this problem to this point in time.

While most school districts are attempting to develop and implement effective drug education programs, much of their effort remains at the trial and error level. However, out of this growing pool of experience, together with a broadening base of research and a growing recognition of the contributions of other disciplines of knowledge, a substantial body of information is slowly being formed. This information should enable schools to modify and redirect their programs to maximize their role in reducing drug misuse among students. Many of the traditional approaches and their supporting assumptions and strategies are being subjected to critical review. Newer models are being formulated together with their own unique assumptions and methods of implementation. Evaluation of this progress is extremely difficult because of the complexity of the problem and the need for observations over an extended period of time.

Legal/Medical Approaches

Most school-based drug education programs have relied upon the legal or the medical approaches to deter drug misuse. Under the concept of the legal model, the threat of criminalization, imprisonment, or other forms of social punishment has been used to discourage the individual from misusing drugs. In the case of the medical model, the prospect of physiological or psychological damage as a result of drug use is used as the deterrent. While these approaches are undoubtedly effective for a number of individuals, they may be inadequate for the majority of those toward whom they have been directed. This is reflected in the large numbers of those who are exposed to these approaches and are experimenting with or becoming regular users of drugs.

Perhaps the most prevalent and questionable assumption which underlies the legal and medical models is the emphasis and reliance which they have placed upon drug related facts and other cognitive information as determinants of behavior. The importance of accurate information as the basis for any educational program cannot be denied. It can be readily observed, however, that even the most knowledgeable and well-informed individual appears to be able to ignore reliable data when confronted with strong pressures for action. Research in the field of learning has long supported the conclusion that, in most instances, information alone cannot be expected to produce a change in behavior. Rather, it is apparent the behavior of an individual is related to his *perceptions* of the rewards versus costs resulting from his actions. This perception is influenced by his felt personal needs, desires, aspirations, and wants which affect the value judgments he makes about his behavior.

Sociological/Psychological Approach

From this milieu of drug education effort a third approach is rapidly being developed. Utilizing the experience of the most promising programs, together with a significant amount of knowledge and research from the fields of sociology and psychology, a new generation of drug education programs is beginning to appear. Designated as a sociological/psychological approach, this model is predicated upon recognition of the individual as a freely choosing decision maker whose behavior patterns will be influenced by his own value structure. Both cognitive (factual information) and affective (personal motivation) components are required in this approach if it is to lead to value input, the development of value awareness, and the opportunity for value clarification. As a result of this comprehensive process, the individual is better able to relate the information he receives to his own needs. This adds to the self-enhancement of the individual leading to a greater sense of self-worth and purpose which are qualities that tend to work against the lure of chemical substitutes in place of more constructive activities. Drug education should be an integral part of a comprehensive health education program required of all students, related to their health needs and interests, taught by well-trained and qualified health educators and with student and community involvement.

Drug Education Program Guidelines

Since drug education programs must be developed to meet local needs, to utilize local resources, and to augment other ongoing efforts, there is no one best program which can be suggested. However, in keeping with the movement toward the sociological/psychological approach described above, school-based drug education programs should meet the following guidelines in order to maximize their effectiveness. Underlying these suggestions is the definition of drugs which considers them to be any substance, other than food, which by its chemical nature has the potential to alter structure or function in a living organism. Alcohol and tobacco are thus included with the other current drugs of abuse as appropriate subjects for prevention programs.

Curriculum

1. The curriculum should be comprehensive in scope starting at the kindergarten level and extending through grade twelve, or it should extend through all grades covered by the school district.
2. The curriculum should be consistent with the *Framework for Health Instruction in California Public Schools: Kindergarten Through Grade Twelve*, which was adopted by the California State Board of Education (1970).
3. In all grades drug education should be conducted in conjunction with instruction on health and supplemented by instruction in other relevant subject areas.
4. Educational experiences should be provided throughout the year rather than having a short, concentrated unit.
5. Program elements and activities which place emphasis on both attitudes and decision making (affective) and information (congitive) should be included.
6. Clearly stated objectives should be established for the total program and for each level of instruction.
7. Curriculum should focus on the causes of drug abuse rather than the symptoms.
8. The curriculum should make provisions for meeting specialized needs of the local community relative to drug abuse.
9. The curriculum should be developed through cooperative planning of school personnel, the target population (where appropriate), community representation, and parents.
10. The school program should promote constructive alternatives to drug abuse.
11. Provision should be made for ongoing evaluation and accountability.

Inservice Training

1. Inservice training programs should afford the certificated and classified staff with opportunities to gain understanding of current approaches and to develop knowledge and skills relative to drug abuse prevention through training and involvement.
2. Inservice programs for drug education should be offered to staff on a continuing basis and not as a stop gap attempt to solve the drug problem in a particular school.
3. When inservice training is not conducted during the regular school day, opportunities for providing inservice training or extension credit should be explored.
4. Resource persons utilized in inservice training should be carefully screened to determine whether their philosophy, areas of expertise, and potential contributions are consistent with the district program.

Curriculum Assistance to Teachers

1. The district should assign the responsibility to implement policies for drug curriculum and for the evaluation of the ongoing program.
2. The district should provide the financial resources needed to implement and maintain the drug curriculum.
3. Support materials should be provided with guidelines and training for their effective use.
4. The curriculum should be coordinated with community based program activities in order to provide direct and indirect support to teachers.

Teacher and Counselor Qualifications

1. Only teachers or counselors who have completed district inservice training or its equivalent, which includes opportunities to gain understandings of current preventive approaches and to develop knowledge and skills relative to drug education, should be assigned the responsibility for drug education.
2. When practical, teachers hired after 1973 should have had at least one preservice course in health education which covers the physiological, psychological, and sociological causal factors and the effects of the use of tobacco, alcohol, narcotics, restricted dangerous drugs, and other substances and current approaches to drug abuse prevention.
3. Because they are viewed by students as models, teachers and counselors chosen for the drug education program should exhibit control in their own use of tobacco and alcohol.
4. The following should be considered as attributes of school personnel assigned responsibilities for drug education and counseling:

   a. Perceived approachability by students.
   b. Communicated warmth and interest.
   c. Ability to articulate accurately the student's concerns.
   d. Empathy for growing children and adolescents.
   e. Capacity for sustained listening.
   f. Personal authenticity and honesty.
   g. Willingness and ability to work with community resources and agencies.
   h. Knowledgeable about current drug-related issues, information, and resources.

Counseling

1. Counseling services should be readily accessible to all pupils and their parents who wish to discuss possible drug related problems or other areas of personal concern.
2. The counseling program of the school should be aware of a variety of community drug abuse prevention, treatment and rehabilitation resources to which referrals may be made in those cases where such action is indicated.
3. The counseling services of the school district should be designed to avoid having those who are providing the counseling be responsible for disciplinary actions.

Drug Dependent Minors

A person is considered to be drug dependent when he demonstrates a habitual compulsive need for the ingestion of a chemical due to psychological and/or physiological needs. The following sections of Article 11 of the *California Administrative Code, Title 5,* provide for special education for drug dependent minors.

Article 11. Special Education for Drug Dependent Minors

3720. Eligibility. A drug dependent minor is eligible for special education when all of the following exist:

(a) He is between three and 18 years of age, has not graduated from the 12th grade, and has not been attending regular or continuation school programs.
(b) He is under the care of and has been identified by a licensed physician and surgeon as a drug dependent minor who, because of such drug depndency, is unable to attend regular or continuation school programs.
(c) There is on file in the district a statement by a licensed physician and surgeon and the county or district superintendent of schools, or a person designated by such superintendent, that the minor is both:

(1) Safe for being instructed by a home instructor of physically handicapped pupils,
(2) Capable of benfiting from individual instruction or special day class instruction designed to promote the educational and health progress of the minors.

NOTE: Specific authority cited for Article 11: Education Code Sections 6802, 6804, 6874.5.

History: 1. New Article 11 (§§ 3720 through 3725) filed 10-10-69; effective thirtieth day thereafter (Register 69, No. 41).
2. Amendment of subsection (c) (2) filed 2-17-72; effective thirtieth day thereafter (Register 72, No. 8).

3721. Program and Place of Instruction. An eligible drug dependent minor may be enrolled in a program of individual instruction or special day class instruction for the physically handicapped. Individual instruction may be provided in a hospital, clinic or home. Special day class instruction may be provided in a hospital or clinic.

History: Amendment filed 2-17-72; effective thirtieth day thereafter (Register 72, No. 8).

3722. Retention, Transfer, Discharge. Retention, transfer, or discharge of a drug dependent minor from a program of special education shall be made by the county or district superintendent of schools, or a person designated by the superintendent, upon the recommendation of a licensed physician and surgeon. Retention in the special education program beyond one school year may be made only upon the recommendation of a licensed physican and surgeon and the prior approval of the Superintendent of Public Instruction.

3723. Curriculum. The program of study shall conform as nearly as possible to that in which the minor was enrolled prior to his assignment to individual instruction. The program may be supplemented by counseling, guidance, and other specialized instruction deemed beneficial to the student.

3724. Credential. A teacher who gives individual instruction to a drug dependent minor shall be a qualified home instructor of physically handicapped pupils.

3725. Apportionments. No school district shall be entitled to receive any apportionment of funds on account of attendance in individual instruction for drug dependent minors unless the district has complied fully with the provisions of this article.

3726. Class Size. The appropriate size (enrollment) for the class of drug dependent minors is 10 pupils. This number may be exceeded only on prior written approval of the State Board of Education.

History: 1. New section filed 2-17-72; effective thirtieth day thereafter (Register 72, No. 8).

Drug Debilitated Pupils

A drug debilitated pupil is one who has not been identified as a drug dependent minor, but whose continued misuse and abuse of chemical substances has resulted in dysfunctional behavior at school. In such cases where a pupil is considered as being drug debilitated, each situation should be judged upon the unique circumstances of the particular incident and subsequent actions should be taken with respect for the most desirable outcome for all individuals concerned.

1. Identification of a drug debilitated pupil may be determined under the following conditions:
   a. A pupil with demonstrated dysfunctional behavior at school who may be suspected of continuing drug misuse and abuse should be referred to the Supervisor of Health or other individuals with similar duties as provided for in sections 11751 and 11753 of the *California Education Code.*
   b. The suspected continuing misuse and abuse of drugs may be cause for reviewing an individual's performance at school to determine if his behavior is dysfunctional in relationship to such misuse and abuse.
   c. In those cases where the Supervisor of Health, the pupil, or parents request assistance in determining the relationship of dysfunctional behavior to continued drug misuse or abuse, it is desirable to refer such an individual to a multidisciplinary review committee. Such a group might include a school administrator, a teacher, a school nurse, a school psychologist, a physician, a counselor, or others with relevant areas of expertise.
2. Medical Referral
   a. The drug debilitated pupil may be referred to appropriate medical services to determine if his continuing drug misuse and abuse is the result of drug dependence.
   b. A drug debilitated pupil should be referred to appropriate medical services when he appears to be

under the influence of drugs while at school and may be in need of immediate medical attention.

c. Policies should be established by each district with regard for the procedures for medical referral of drug debilitated pupils. They should consider the following:

Specific individuals, agencies, organizations, or other facilities which offer appropriate services to which pupils may be referred.

Designation of those persons who may make referrals of drug debilitated pupils.

Procedures regarding the notification and involvement of parents, guardians, or other responsible parties.

3. Counseling

a. Counseling services provided for drug debilitated pupils should consider each case to be a unique event which should be judged upon the particular circumstances and the needs of the individual.

b. Counseling services should be accessible to drug debilitated pupils and their parents, guardians, or other responsible individuals upon their request.

c. Those assigned to provide counseling services for drug debilitated pupils should possess personal characteristics and qualifications which will encourage communication and effective relationships.

d. Counseling relationships between school personnel and drug debilitated pupils should be consistent with professional, ethical, and moral standards and recognize the limitations placed upon confidentiality.

Publications Available from the Department of Education

Criteria for Assessing Alcohol Education Programs is one of approximately 400 publications which are available from the California State Department of Education.

The following 12 curriculum frameworks are available:

Art Education Framework (1971)	$ .65
California Curriculum Frameworks: A Handbook (1977)	.65
Drama/Theatre Framework for California Public Schools (1974)	1.05
English Language Framework for California Public Schools (1976)	1.50
Foreign Language Framework for California Public Schools (1972)	.65
Framework for Health Instruction in California Public Schools (1978)	1.35
Mathematics Framework for California Public Schools (1975)	1.25
Music Framework for California Public Schools (1971)	.65
Physical Education Framework for California Public Schools (1973)	.65
Framework in Reading for the Elementary and Secondary Schools of California (1973)	1.25
Science Framework for California Public Schools (1970)	.65
Social Sciences Education Framework for California Public Schools (1975)	1.10

Other recent publications which are frequently used by educators in California are the following:

California Private School Directory (1977)	$5.00
California Public School Directory (1978)	11.00
Administration of the School District Budget (1975)	1.75
Apprenticeship Handbook for Educators (1974)	3.50
California Guide to Traffic Safety Education (1976)	3.50
California Master Plan for Special Education (1974)	1.00
California Public Schools Selected Statistics, 1975-76 (1977)	.65
California Five-Year State Plan for Vocational Education (1977)	1.50
Career Education: A Position Paper (1974)	.65
Criteria for Evaluating the School Health Education Program (1977)	.65
Curriculum Design for Consumer Education (1974)	1.00
Inservice Guide for Teaching Measurement: An Introduction to the SI Metric System (1975)	1.25
Instructional Patterns for Consumer and Homemaking Education (1976)	6.00
A Plan for Improving Mathematics Instruction in California Elementary Schools: Final Report of the Mathematics Education Task Force (1976)	1.25
Pupil Personnel Services in California Schools (1975)	1.65
The RISE Report: Report of the California Commission for Reform of Intermediate and Secondary Education (1975)	.85
Sources of Information in Career Education: An Annotated Bibliography (1975)	.65
Suggested Guidelines for the Preparation of Goals and Objectives of Work Experience Education (1974)	.65
Suggestions for Instruction About Gonorrhea and Syphilis in Junior and Senior High Schools (1972)	.65
VD Education in California (1976)	1.00

Orders should be directed to:

California State Department of Education
P.O. Box 271
Sacramento, CA 95802

Remittance or purchase order must accompany order. Purchase orders without checks are accepted only from government agencies in California. Six percent sales tax should be added to all orders from California purchasers.

A complete list of publications available from the Department may be obtained by writing to the address listed above.

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